SPECIAL DIETS AND TEST-DIETS AS PREPARED IN THE NURSES' DIET KITCHEN OF THE MASSACHUSETTS GENERAL HOSPITAL

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To meet the needs of the dietetic regime, which stands for so much in the treatment of many diseases to-day, we find in the large majority of hospitals a dietitian, a diet kitchen, and the nurses trained to intelligently carry out feeding orders in a place set apart where such important work can be done, equipped with suitable appliances and founded upon hygienic and economic lines.

In a well-appointed diet kitchen at the Massachusetts General Hospital, Boston, the nurses have ample opportunities for a broad, general knowledge along the lines of this important subject. After courses of lectures and practical cooking each nurse has a six weeks' service in the diet kitchen where she spends the entire working hours in the preparation and study of foods for the various diseases as ordered by the doctors.

Apart from the usual diets found in hospitals and known as: house diet, house diet with care, extra diet, enteric diet, liquids with and without milk, soft solids or light diet, there are a number of special diets requiring special care in the preparation and serving.

Much stress is laid upon test-diets in order to determine the ability of the patient to properly assimilate fats, proteids, or carbohydrates. These test-diets are known as " fat-free days," " sugar-free days," " vegetable days," " oatmeal days," and a diet giving the proper amount of bulk, containing little proteids and carbohydrates, with the caloric value of the fat so low that it is styled " starvation day."

The main test-diet is the Schmidt diet as modified by Dr. Hewes.[1] It runs three days, beginning with breakfast, and is as follows:

Schmidt Diet.—Morning. Fifty grammes zwiebach; ½ litre oatmeal gruel, made of 40 grs. rolled oats, 200 c.c. milk, 300 c.c. water, 1 egg, 10 grs. butter. 11 A.M. ½ litre milk.

Noon. 125 grs. chopped beef broiled and made palatable with 20 grs. butter; 250 grs. potato mashed with 10 grs. butter; 50 grs. toast. 4 P.M. One-half litre milk.

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[1] Dr. Hewes, Physician to Out-Patients, Massachusetts General Hospital.

Night. Same as morning. (Stools third and fourth days.)

It is carefully weighed, measured, and prepared, and one-fifth additional of the amount served is sent to the laboratory for analysis. All the patient does not consume is weighed and deducted; all urine and fæces are calculated.

Gastric Ulcer Diet.—As gastric ulcer is the breaking down of gastric epithelium, there is a disturbance of the stomach circulation and hyperacidity of the gastric juice. The diet consists in abundance of proteid food carefully given under the assumption that the excess of acid in the stomach will be neutralized, thereby facilitating the healing of the ulcer. During the critical stages of the disease only food by enema is prescribed. When food by mouth can be given it begins with very small amounts at short intervals. There are two diets in use as follows:

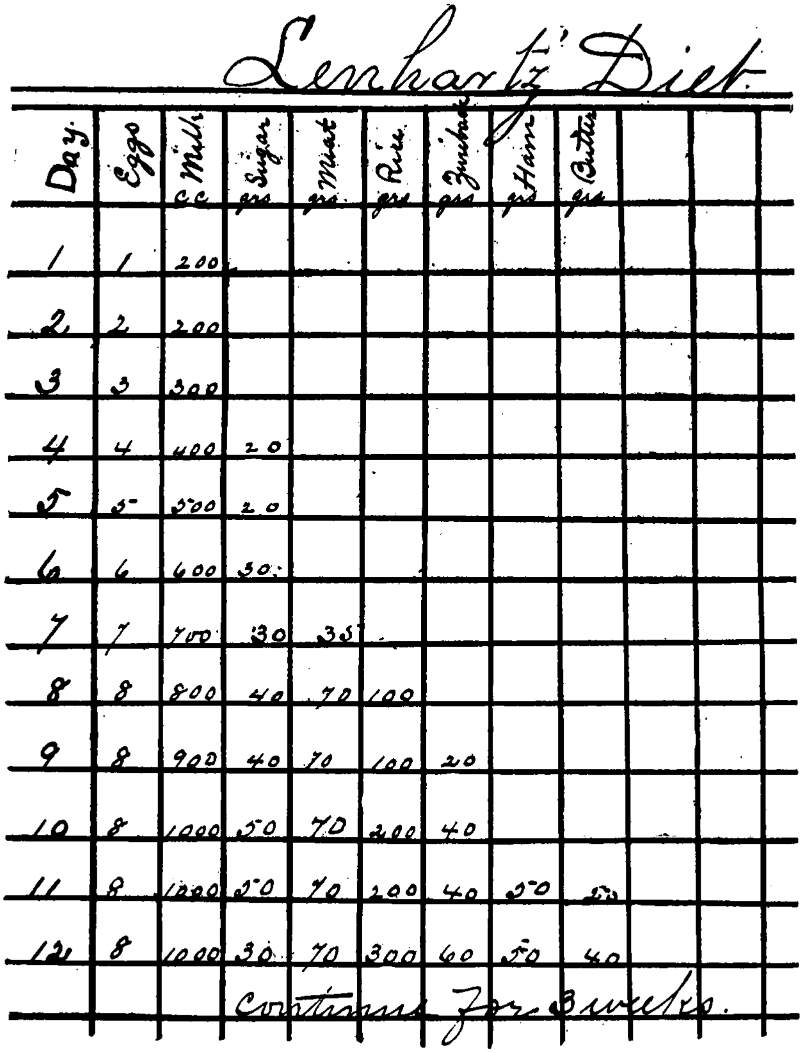
1. "The Lenhartz Diet." The "Lenhartz diet" begins with 100 c.c. milk and one egg daily, in teaspoonful doses, gradually increasing until at the end of four weeks a liberal mixed diet is allowed, always avoiding coarse vegetables and irritating substances.

The gradual increase of food appears in the accompanying scale.

In preparing the eggs they are beaten very light, *without salt,* a small amount of sugar frequently added, the bowl kept in a pan of cracked ice. At first the milk is given with shaved ice. Some of the milk, eggs, and sugar are made into custard on the tenth day. The beef is scraped and weighed after cooking; the ham is chopped very fine; occasionally lime water has to be added to the milk, and, if large curds form, the milk is diluted with barley water. Great care is exercised in the transition stages from liquids to semisolids and finally to full diet.

2. Dr. Hewes's Diet for Gastric and Duodenal Ulcer. Two oz. milk, 1 soda cracker (powdered), 1 oz. sugar, every two hours. Give two to three days, then increase to 6–8 oz. milk, 1–2 oz. sugar, 4 soda crackers, every two hours. Continue for two to three weeks, then adopt the following: Eight feedings in 24 hrs.: (1) milk and crackers; (2) Indian meal porridge with cream or salt; (3) potato purée, jelly; (4) milk and whites of two eggs; (5) soft custard; (6) hot chocolate; (7) pea purée strained through fine wire mesh; (8) milk and crackers.

"The dietary regulations for kidney diseases are based upon two general principles. First, to save the diseased organ all superfluous work, second, to eliminate all irritants from the diet that would stimulate it to increased effort" (von Noorden). Another factor in selecting the diet is to determine which end products are readily excreted from the diseased kidney and which are not, and to exclude all those articles of food whose end products are eliminated with difficulty. In this way the organ is protected from an accumulation of waste products more or less toxic.



Lenhartz' Diet.

Day.	Eggs	Milk cc	Sugar grs	Meat grs	Rice grs	Zwieback grs	Ham grs	Butter grs		
1	1	200								
2	2	200								
3	3	300								
4	4	400	20							
5	5	500	20							
6	6	600	30							
7	7	700	30	35						
8	8	800	40	70	100					
9	8	900	40	70	100	20				
10	8	1000	50	70	200	40				
11	8	1000	50	70	200	40	50	20		
12	8	1000	30	70	300	60	50	40		
			Continues For 3 weeks.							

Among the important renal diseases we find nephritis, diabetes, and oxaluria. Nephritis, being acute inflammation, is characterized by different conditions with many symptoms calling for various treatments. Although theoretically milk and eggs should be excluded from the diet, milk still holds first place, but the rigid enforcement of a milk regimen has practically been given up owing to counter difficulties. Dropsy may be considered almost a constant symptom. To do away with the fluid, salt is entirely excluded from the diet and the amount of liquid reduced as necessary.

Diet for Acute Nephritis, Uric Acid Gravel (Dr. Hewes).—Four days. Milk, 800 c.c.; 32 per cent. cream, 300 c.c.; bread, 200 grs.; butter. Feed six times a day with mixture of milk, 150 grs.; cream, 1 oz.; bread, ½ slice.

Fifth day adopt the following: milk, 800 c.c.; cream, 300 c.c.; rice, 50 grs.; tapioca, 50 grs.; bread, 100 grs. Occasionally ice cream or custard.

Vary diet from day to day in above limits. If œdema is present and fails to disappear change above to dry salt-free diet. At the start give no more liquid than above; after the œdema is gone water can be given as desired.

Special Dry Salt-free Diet.—Morning. Salt-free bread, 2 slices (toasted if desired); an abundance of salt-free butter; maple syrup if desired. 10 A.M. Rice with small amount of cream or sugar (no syrup).

Noon. Mashed potatoes with butter, *no salt;* salt-free bread, 2 slices; salt-free butter. 4 P.M. Rice, tapioca, or baked custard.

Supper. Salt-free bread, 2 slices; salt-free butter; 2 eggs, soft cooked; 1 orange daily.

Caution. Limit liquids to one pint a day, including milk and water.

Salt-free Nephritic Diets (Halpin).—No. 1. Milk, 1500–2000 c.c.; white salt-free bread, 400–500 grs.; butter (salt-free), 40 grs.; eggs, 4–6. (5–6 grs. NaCl contained.)

No. 2. (Widal and Gadewude.) Salt-free bread, 200 grs.; salt-free butter, 50 grs.; salt-free beans or rice, 250 grs.; meat, 200 grs. (beef, chicken, or mutton); sugar, 40 grs. (1500 calories.) (1–2 grs. NaCl contained.)

No. 3. Potatoes, 700 grs.; salt-free bread, 200 grs.; salt-free butter, 50 grs.; cream cheese 50 grs. (2000 calories.) (1–2½ grs. NaCl contained.)

No. 4. Potatoes, 1000 grs. without salt; meat, 400 grs. without salt; salt-free butter, 80 grs.; sugar, 100 grs. (2000 calories.) (1–2 grs. NaCl contained.)

No. 5. Potatoes, 16 oz. (without salt); rice, 6 oz. (without salt); meat, 4 oz. (without salt); cream, 8 oz.; eggs, 2 (without salt); sugar to taste.

Diabetes.—Diabetes is defined as a disease where there is an excess of sugar, as glucose, in and excreted by the urine. In no other disease does the regulation of the diet so strongly apply. Dr. Kuelz emphasizes that it must be carefully selected for every case. So many things have to be taken into account that it is impossible to have any hard and fast rules, but remember, "It is men we have to treat, not symptoms."

The disease is due to a disturbance of the metabolism, with several organs involved. Recognizing the digestion of carbohydrates,. it naturally follows that they are the first to be eliminated from the diet. The first essential is to ascertain what is known as the "tolerating power" of the individual, which is secured by test-diets. All diabetic breads, gluten flours, and similar articles have been abolished, as in the old order, owing to the fact that they all contain a high percentage of starch, and many of those advertised are frauds. It is considered better to give a definite number of grammes of good white bread with the starch percentage known, usually beginning with 100 grs., reducing to 50 grs., then 25 grs., and finally to none at all. The time of day for this intake of carbohydrate is considered. Many patients in the early morning, when the stomach is empty, are very sensitive, and the sugar content immediately rises. The action of certain carbohydrates is different in patients; some can tolerate the sugar in milk better than the same amount in starch; some bear the starch of oats or potatoes better than that of wheat or rye.

So great is the tissue hunger, as in severe cases, that when the carbohydrates are excluded from the diet and the stored up glycogen can no longer supply the demand, the proteid is attacked and as a last resource the fats are called upon to yield up sugar (von Noorden).

Authorities consider that, of the proteids, sugar is most readily transformed from casein; the next resulting from the legumens (peas, beans, lentils); egg albumin and the albumin of cereals have the least power of producing glycosuria.

The presence of acetone bodies is assumed to be due to the absence of carbohydrates and to the action of the lower fatty acids. As vegetable fats and the fat of lean meat contain very little of the lower fatty acids, they can form a large part of the diet. Butter is the only ordinary article of food that contains a large amount, in the form of butyric and acetic acids, and as they are soluble in water a thorough washing of the butter will almost do away with this condition.

Diabetic Diet (Strict—Sugar-free).—Contains about 20 grs. of carbohydrates, calories 2800, proteid 110 grs.

Breakfast. Bacon, 100 grs.; eggs, 2; orange, 1; coffee with saccharine and cream. 11 A.M. Cheese—cream or Swiss, 50 grs.

Noon. Beef, veal, lamb, or chicken, 100 grs.; lettuce or tomato salad with oil; spinach, onions, cabbage or cauliflower, olives; custard made of eggs and cream with saccharine, or ice cream made the same way. 4 P.M. Soft cooked egg with butter.

Supper. Fish, 100 grs.; cucumber salad with oil; asparagus or beet tops; mushrooms, nuts; give all cream and butter possible. Vary diet within above limits. Sixty per cent. centrifugal cream is used, diluted with water.

At start give above diet with addition of 200 grs. bread. After 2–4 days decrease bread gradually 100 Gm.–50 grs. to strict diet. If acidosis increases with strict diet, give large doses of soda. Control in this way, and by changing diet.

If patient has increasing acidosis on strict diet and soda 8 oz. a day, try method of starvation one day, vegetable diet (no carbohydrate) one day, oatmeal, 250 grammes one day, alternating. The same plan may be tried if there is failure to get sugar-free urine on strict diet; but first try plan of cutting down proteid on strict diet, replacing with more cream and butter, as sugar is made from proteid. Keep on strict diet one month after using sugar-free—then add bread 25 grs., etc.

Oxaluria Diet.—Oxaluria, as the name signifies, is an excess of oxalate of lime in the form of crystals in the urine, usually affecting the nervous, irritable dyspeptic. It is considered that possibly the frequency of the disease among the poorer classes is due to an excessive vegetable diet, sugar and starch foods, combined with irritating activities. The diet should be carefully regulated though liberal. All vegetables and drugs containing oxalates must be avoided; all lime or hard water should be forbidden and replaced by boiled or distilled water. Sugar should be prohibited, coffee and tea replaced by milk.

Avoid asparagus, celery, cauliflower, green beans, tomatoes, spinach, rhubarb, potatoes, sorrel, carrots, parsnips, berries, apples, pears, plums, grapes, chocolate, and cocoa. Cut carbohydrates low. Give this: (1) eggs, toast, milk; (2) meat or fish, green vegetables, except those forbidden; peas, onions, custard, fruit, ice cream; (3) cereals, cold meat, cooked fruit, except forbidden forms.

Special Fat-free Diet.—Breakfast. Lean meat, 100 grs.; toasted bread, 50 grs.; coffee with a little milk and saccharine (no butter, no cream, no sugar). 11 A.M. Albumin water of 2 eggs.

Noon. Clear soup, fat-free; bread, 50 grs.; lean meat, 100 grs. 4 P.M. Albumin water of 2 eggs.

Supper. Lean meat, 100 grs.; bread, 50 grs.; rice, 50 grs.

Diet for Acute Colitis (Dysentery).—Purge and starve one day, then: lean meat, 100 grs., 3 times daily; albumin water of 2 eggs, 6–8 times daily. Continue for 4 days, then add: skimmed milk, 16 oz.; toast (no butter), 3 slices with maple syrup; rice, 50 grs. daily. After 10 days increase toast, give butter, macaroni, tapioca, cream cheese and Indian meal mush.

PSYCHOTHERAPY AND THE TRAINED NURSE *

BY WALTER MORRITT, PH.D.

IN this paper I shall omit any description of the Emmanuel Movement, taking it for granted that you are familiar with its history, aims, and development. I shall content myself with a brief statement of the underlying basis of the movement and its significance for the trained nurse.

The fundamental principle in all psychotherapy is mental suggestion. Modern psychology has discovered that there is a second self within us, and this second self which controls so much of life's activities is highly suggestible. This power of suggestion rests upon the principle known in psychology as dissociation, *i.e.,* the separation of the conscious from the subconscious self, and the active agent in all suggestion is faith. From 90 to 95 per cent. of all people are suggestible, and theoretically we are all so as long as we are ignorant of the subject. Nobody is absolutely refractory to suggestion. All depends upon the psychological moment in which we find ourselves.

The difference between suggestion and ordinary advice addressed to the conscious reason is that the former enters into the understanding by the backstairs while logical persuasion knocks at the front door.

There are several ways by which dissociation can be brought about and suggestions made. It can be done in normal sleep, in the waking or half-waking condition, and in hypnosis.

There seems to be pretty general agreement as to the value of suggestion in mental therapeutics and the battle that is now on is as to whether the physician or the preacher should wield the weapon. With that discussion we are not here concerned. One thing is clear to my mind, namely, the nurse *has* a relation to this movement more intimate than that of *either* doctor or divine. You say at once: "But the nurse

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